

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2016</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**APERION CARE BLOOMINGTON**

**1509 NORTH CALHOUN STREET  
BLOOMINGTON, IL 61701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Licensure Post Visit to Survey Date 3/8/16.  Aperion Care Bloomington is in compliance with its Plan of Correction for 300.670 k)1)2)3).	S 000		
S9999	Final Observations  STATEMENT OF LICENSURE VIOLATIONS:  300.3260 c) Resident Funds  The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member, if any; such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations, and who is not connected in any way to facility personnel or the administrator in any manner whatsoever. (Section 2-101(2) of the Act)  Aperion Care Bloomington is not in compliance with its Plan of Correction for the survey of 3-8-16.  This REQUIREMENT is not met as evidenced by:  Based on record review and interview the facility failed to obtain written and witnessed authorizations for the facility to manage Resident Trust Fund accounts under the new ownership for six residents (R3, R11, R57, R61, R64, R75) of 66 reviewed with current trust fund accounts.  The findings include:	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BLOOMINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701</b>		
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S9999	<p>Continued From page 1</p> <p>On 4/21/15 E2 Bookkeeper provided the "Trial Balance" report dated 4/15/16 which listed 66 residents who have current resident trust fund accounts. The Authorization Binder that contained the signed Resident Trust Fund Authorizations was reviewed.</p> <p>Six (R3, R11, R57, R61, R64, R75) of 66 residents reviewed with Resident Trust Fund accounts did not have a signed/witnessed or dated authorization for the new ownership.</p> <p>R3 had a balance of \$93.49. R11 had a balance of \$156.06. R57 had a balance of \$30.00. R61 had a balance of \$1652.42. R64 had a balance of \$713.35. R75 had a balance of \$210.04.</p> <p>On 4/21/16 at 2:15 pm E2 confirmed she did not have authorizations for R3, R11, R57, R61, R64, and R75 for the current ownership. E2 stated that the six residents were all Illinois Department of Public Aid recipients and the facility was the representative payee for R3, R11, R57, R61, R64, R75.</p> <p>E2 stated on 4/21/16 at 2:30 pm that R3, R11, R57, R61, R64, and R75 were not able to sign for themselves due to cognitive impairment. Cover letters and new authorization forms had been sent to the families of the residents for signatures on March 10, and March 30, 2016, but they have not been returned. E2 stated she did not send the letters certified and has not attempted to contact the resident families by telephone to ensure receipt.</p> <p>The Aperion Care Bloomington "Resident Trust Fund Policy Notification and Authorization" form Revised November 2015 states "Residents of this</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>facility have the right to manage their own financial affairs and handle their own spending money. Residents also have the right to have the facility keep their money in a trust account to safeguard and manage personal spending money. This facility has a resident trust fund available, upon the written authorization of the resident or authorized representative, to any resident that wishes to deposit funds for safekeeping."</p> <p>The six residents (R3, R11, R57, R61, R64, R75) had been included in the previously cited state citation on 3/8/16 at the First Probational Licensure Survey, for not having obtaining properly witnessed Resident Trust Fund authorizations.</p> <p>(B)</p>	S9999			